



STATE OF DELAWARE DEPARTMENT OF INSURANCE  
**ANNUAL FEES ASSESSMENT FORM**  
FOR THE CALENDAR YEAR 2011, DUE MARCH 1, 2012

Original Report ☐

Amended Report ☐

**NON-ADMITTED**

**COMPANY INFORMATION AND MAILING ADDRESS**

Indicate Non-Admitted Company Type: ☐ Surplus Lines Insurer

(See Note Below Line 3) ☐ Accredited Reinsurer

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone and Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City – State – Country – Zip + 4: \_\_\_\_\_

Federal E.I.N. #: \_\_\_\_\_

N.A.I.C. #: \_\_\_\_\_

N.A.I.C. Group #: \_\_\_\_\_

State of Domicile (abbr.): \_\_\_\_\_

**Questions should be directed to:**  
**Ann Fletcher**  
**Tax and Fees Coordinator**  
**E-mail: [Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)**

**MAIL TO THE ADDRESS BELOW**

DO NOT send any tax reports to either of the bank lockbox address that have been in effect for the past several years.

**Delaware Insurance Department**  
**Attn: PREMIUM TAX SECTION**  
**841 Silver Lake Blvd.**  
**Dover, DE 19904-2465**

**INSTRUCTIONS**

The calendar year 2011 Annual Fees Assessment Form is specifically developed for Non-admitted Accredited Reinsurer and/or Surplus Lines companies that do not have a State of Delaware Certificate of Authority and are not licensed in Delaware, but have been *approved* to transact insurance business in the State.

This form reflects that although these companies are exempt from paying premium taxes to the State of Delaware, the companies are subject to an Annual Renewal Fee of \$100.00 and an Annual Statement Filing Fee of \$100.00 as listed above, for a total annual fees assessment of \$200.00.

**IMPORTANT:** Companies that are approved as both an Accredited Reinsurer and a Surplus Lines Insurer must pay the total fee of \$200.00 for EACH company type. These companies check both check boxes above and submit one payment of \$400.00 to pay the total annual fees assessment. It is not necessary to send separate forms or checks.

**ANNUAL TAX AND/OR FEES**

1. Annual Renewal Fee (\$100.00 per \$701): \* \_\_\_\_\_
2. Annual Statement Filing Fee: (\$100.00 per \$701) \_\_\_\_\_
3. TOTAL AMOUNT DUE: \_\_\_\_\_

\* Companies approved as both SL and AR must pay both fees for EACH non-admitted type.

**AFFIDAVIT**

All Premium Tax and Fees Reports shall be verified by the oath or affirmation of the President and Secretary or other responsible officer of the insurer, duly administered by a person authorized to administer oaths.

In the State of \_\_\_\_\_ County of \_\_\_\_\_ on this date \_\_\_\_\_, before me, the subscriber, personally appeared  
Enter date (MMDDYYYY)  
\_\_\_\_\_  
President, and \_\_\_\_\_ Secretary (or other responsible officers) of the Insurer named above, who,  
being duly sworn (or affirmed), deposes and says that this report and all schedules are true, correct, and complete.

\_\_\_\_\_  
**Company Officer Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Company Officer Signature**

\_\_\_\_\_  
**Title**

**SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THE DATE AFORESAID.**

\_\_\_\_\_  
**Signature (Notary Public)**

\_\_\_\_\_  
**Date Commission Expires**

\_\_\_\_\_  
**(Notary Seal)**